



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
SERVICE AND SUPPLY
ATTN: MAGNETIC MEDIA FIDM
9645 BUTTERFIELD WAY
SACRAMENTO, CA 95827

MAGNETIC MEDIA TRANSMITTAL FORM

File Creation Date _____

Number of Records _____

Financial Institution Name _____

FEIN _____

Type of Reporting:

Method 1 ☐

Method 2 ☐

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____ Ext. _____

If Transmitting Agency is different than above, please supply the following information:

Transmitting Agency Name _____

FEIN _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____ Ext. _____

Media Characteristics:

Tapes and cartridges: _____ EBCDIC _____ ASCII VOLUME NUMBER _____

_____ STD LBL _____ NO LBL BLOCK SIZE _____

Diskettes: _____ 3 1/2 _____ 5 1/4

Filename used on diskette reporting: _____

Send this form with your magnetic media file to:

Shipping (*preferred method*):

U.S. Mail:

Franchise Tax Board
Service and Supply
Attn: Magnetic Media FIDM
9645 Butterfield Way
Sacramento, CA 95827

Franchise Tax Board
Attn: Magnetic Media FIDM
PO Box 942840
Sacramento, CA 94240

***If you need assistance completing any part of this form, please call Franchise Tax Board's
Magnetic Media Unit at (916) 845-3778.***